

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME PBH (Piedmont Behavioral Healthcare)	b. Date Submitted 6-13-08
c. Name of Proposed LME Alternative Service- B3 Supported Employment_YA316 Initial Group Supported Employment	
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09 </div>	
e. Submitted by LME Staff (Name & Title) David Jones, MA Dir. of Clinical Operations	<div style="display: flex;"> <div style="width: 50%;"> f. E-Mail davidj@pamh.com </div> <div style="width: 50%;"> g. Phone No. 704-743-2106 </div> </div>

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds.***

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

	<p align="center">Requirements for Proposed LME Alternative Service</p> <p align="center"><i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i></p>
<p align="center">Complete items 1 through 28, as appropriate, for all requests.</p>	
<p align="center">1</p>	<p>Alternative Service Name, Service Definition and Required Components- Initial Group Supported Employment</p> <p><i>(Provide attachment as necessary)</i></p>
<p align="center">2</p>	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <ul style="list-style-type: none"> <i>PBH specific service array to best provide for consumer needs within the PBH system of care</i>
<p align="center">3</p>	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p> <p>Supported Employment provides assistance with choosing, acquiring, and maintaining a job for individuals (ages (16) sixteen and over), with mental health, developmental disabilities or substance abuse diagnosis for whom competitive employment has not been achieved and/or has been interrupted or intermittent as a result of severe disability. Documentation will be maintained in the medical record of each individual receiving this service, that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.</p> <p>Supported Employment services include:</p> <ul style="list-style-type: none"> Pre-job training and development activities to prepare an individual to engage in meaningful work-related activities in the community which may include career/educational counseling, job shadowing, assistance in the use of educational resources, training in resume preparation, job interview skills, study skills, assistance in learning skills necessary for job retention, employment in a group such as an enclave or a mobile crew; Assisting an individual to develop and operate a micro-enterprise; This assistance will consists of: <ul style="list-style-type: none"> (a) Aiding the individual to identify potential business opportunities; (b) Assistance in the development of a business plan, including potential sources of business financing and other assistance in developing and launching a business; (c) Identification of the supports that are necessary in order for the individual to operate the business; and (d) Ongoing assistance, counseling and guidance once the business has been launched; Coaching and employment support activities that enable an individual to complete job training or maintain employment, such as monitoring supervision, assistance in learning job tasks, work adjustment training, and counseling; Transportation to and from work or between activities related to employment. Other forms of transportation must be attempted first; Employer consultation with the objective of identifying work related needs of the individual and pro-actively engaging in supportive activities to address the problem or need.
<p align="center">4</p>	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: <i>(Check one)</i></p>

	<input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service 80
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service \$25,000
7	Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply) <u>Assessment Only:</u> <input type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO <u>Crisis Services:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS <u>Child MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD <u>Adult MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> AMSPM <input type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE <u>Child DD:</u> <input type="checkbox"/> CDSN <u>Adult DD:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI <u>Child SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP <u>Adult SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER <u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP <u>Non-Client:</u> <input type="checkbox"/> CDF
8	Definition of Reimbursable Unit of Service: (Check one) <input type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Other: Explain _____
9	Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service? Initial Group Supported Employment - \$2.53
10	Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service <i>Comparable to like services</i>
11	Provider Organization Requirements Supported Employment services must be delivered by staff employed by a Mental Health/Developmental Disabilities/Substance Abuse provider organization that meets the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A NCAC 27G as well as agencies endorsed to provide Supported Employment services through the Innovations waiver. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by

	being endorsed by PBH and demonstrate competency through experience with employment supports, including programs such as PASS, IRWE and/or Ticket to Work. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.
12	<p>Staffing Requirements by Age/Disability-<i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i></p> <p>Staff that provide Supported Employment services will have a Bachelors Degree in a human services field; or a high school diploma with (5) five years of experience in the general workforce, two of which are working directly with individuals that have behavioral health or developmental disabilities. A Qualified Professional will supervise all staff.</p>
13	<p>Program and Staff Supervision Requirements</p> <p>A Qualified Professional will supervise all staff.</p>
14	<p>Requisite Staff Training</p> <p>All Staff providing Supported Employment services must complete the below training within ninety (90) ninety days of employment. The competency based training should include but not limited to the following:</p> <ul style="list-style-type: none"> • Diagnosis and clinical issues regarding the population served • Client Rights • Confidentiality/HIPPA • Crisis Intervention and Response • Infectious/Communicable Diseases • CPR/ First Aid/Seizure Management • Person Centered Planning to include goals/strategies • Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as appropriate for the individual • Protective Devices/Usage as appropriate for the individual • Cultural Diversity/Awareness • Knowledge of the Service Delivery System • Medication Administration as appropriate for the individual <p>Vocational Skills and Training to include successful interviewing strategies and relevant employment laws such as wage and hour laws</p>
15	<p>Service Type/Setting</p> <ul style="list-style-type: none"> • Location(s) of services • Excluded service location(s) <p>Supported Employment is a day/night service as specified under NC Administrative Code T10:14V .5800. The service may be provided at any location with the exception of the licensed residential facility in which the individual lives, or a licensed vocational facility for people with disabilities.</p>
16	<p>Program Requirements</p> <ul style="list-style-type: none"> • Individual or group service • Required client to staff ratio (if applicable) • Maximum consumer caseload size for FTE staff (if applicable) • Maximum group size (if applicable)

	<ul style="list-style-type: none"> • Required minimum frequency of contacts (if applicable) • Required minimum face-to-face contacts (if applicable) <ol style="list-style-type: none"> 1. Providers are encouraged to use Best Practice Models to achieve Supported Employment success. 2. Supported Employment services must be available in a variety of locations and employment settings. All services should be provided in locations agreeable to the individual employed. Access to staff to provide Supported Employment should be available at all times when individuals are on the job. 3. Staff that provides Supported Employment will canvas the community seeking and/or creating the appropriate job opportunity for each unique individual. <p style="text-align: center;"><u>Specific activities</u></p> <p>At minimum, the following Supported Employment activities are to be available:</p> <ol style="list-style-type: none"> 1. Screening for Job Readiness; 2. Vocational Assessment; 3. Development of an Individual Plan of Employment (IPE); 4. Preparation of individual(s) for job placement; 5. Implementation of job development activities; 6. Benefit Counseling including establishing PASS plans and other plans to assist the individual with benefits management while employed; 7. Placement of individual(s) in jobs and specific skill training; 8. Long term supports: including clarification of career and educational goals, career progression or improvements in type of employment, securing job accommodations, skill building for coping with job problems, and assistance with benefits;
17	<p>Entrance Criteria</p> <ul style="list-style-type: none"> • Individual consumer recipient eligibility for service admission • Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service <p>The individual is age (16) sixteen and older, who is not otherwise eligible for service under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142. and who:</p> <ol style="list-style-type: none"> 1. Meets the functional eligibility requirements for the Piedmont Innovations 1915(c) waiver program but are not enrolled. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. Meets (1)one of the following: <ol style="list-style-type: none"> (a). There is an Axis I or II diagnosis present and the individual meets Level of Care Criteria, LOCUS Level II or ASAM III; (b). The individual has a developmental disability as defined in GS 122C-3 (12a) and has significant deficits in one or more functional life areas and there is a score of (102) one hundred and two or below on the Supports Intensity Scale <p>Additionally:</p> <ol style="list-style-type: none"> A. The individual expresses the desire to work; B. Individual has an established pattern of unemployment or sporadic employment and; C. Individual requires assistance to obtain employment and/or requires assistance in addition to what is typically available from the employer to maintain competitive employment because of functional limitations and behaviors associated with the individual's diagnosis.

18	<p>Entrance Process</p> <ul style="list-style-type: none"> • <i>Integration with team planning process</i> • <i>Integration with Person Centered Plan and clinical assessment</i> <p>PBH requires that a written person-centered plan be developed by the Person Centered Planning team prior to service implementation for the delivery of medically necessary services. PBH expects that consumers play an active role in directing the type, frequency and intensity of services to ensure that the service meets the needs, abilities, preferences and expectations of the consumer and their goals for recovery. It is also PBH's expectation that the PCP is informed by strong clinical data that supports medical necessity of a given service. Together these processes ensure that services are appropriate for meeting the consumer's needs but are supported by clinical evidence to ensure medical necessity.</p>
19	<p>Continued Stay Criteria</p> <ul style="list-style-type: none"> • <i>Continued individual consumer recipient eligibility for service</i> <p>The individual continues to meet the entrance criteria listed above and requires this service to maintain employment within the community.</p> <p>The individual has obtained employment and needs additional support in skill building, developing work habits and/or improving social workplace skills.</p> <p>The individual needs support or training in order to change jobs or increase hours of employment.</p> <p>The individual needs support in managing benefits such as Social Security, Ticket to Work, etc.</p>
20	<p>Discharge Criteria</p> <ul style="list-style-type: none"> • <i>Recipient eligibility characteristics for service discharge</i> • <i>Anticipated length of stay in service (provide range in days and average in days)</i> • <i>Anticipated average number of service units to be received from entrance to discharge</i> • <i>Anticipated average cost per consumer for this service</i> <p>The individual can maintain employment without assistance.</p> <p>The individual has not developed a micro-enterprise, secured a job or maintained a job, despite efforts to provide Supported Employment training and support.</p> <p>The individual expresses decision not to work.</p> <p>Initial job development, training and support: A maximum of (86) eighty hours (344 units) per month for the first (90) ninety days; Intermediate training and support: a maximum of (43) forty-three hours (172 units) per month for the second 90 days;</p> <p>Long Term support: a maximum of (10) ten hours (40 units) per month.</p> <p>This service may be provided in a group setting. The minimum number to constitute a group is (3) three and the minimum Staff-to-Client ratio is (1-to-9) one to nine.</p>

21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • <i>Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service</i> • <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i> <p>For services that require completion of NC TOPPs, MH/SA Consumer Surveys, and/or National Core indicators, PBH will monitor to ensure that evaluation tools are completed within mandated time frames and reported to the required reporting bodies. PBH will also use the data obtained from these measures to track trends that effect service satisfaction, accessibility and utilization. This data then can be used to leverage changes in the PBH provider network related to quality and availability of services.</p> <p>The expected outcome of this service is that the individual will have increased ability to function in all major role areas related to employment without ongoing assistance from the program and without significant relapse when services are withdrawn. Gainful employment has been correlated with improved levels of functioning including ability to meet basic needs such as food, clothing, and housing. Stability in work, home and social roles has been associated with recovery. Continued utilization of this service will be determined by medical necessity reviewed every 90 days or more often as needed. PBH has established a systematic method of reviewing the quality, appropriateness, and comprehensiveness of the person-centered plan. Each goal on the person-centered plan is reviewed separately, based on the target date associated with each goal to ensure that services are individualized to meet the strength, needs, abilities and preferences of the consumer.</p>
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> • <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> • <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i> <p>Documentation in the client record as required in the Service Records Manual. Minimum standard is a daily full service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, the signature, credentials and job title of the staff providing the service.</p>
23	<p>Service Exclusions</p> <ul style="list-style-type: none"> • <i>Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service</i> <p>This service may be provided and billed on the same day as the following services, but not at the same time: targeted case management, the case management component of Community Support, Day Treatment, Individual Support Services, Peer Support;</p> <p>Psychosocial Clubhouse Services may be provided on the same day as Supported Employment for up to (60) sixty days following the initiation of the Supported Employment service.</p> <p>Supported Employment may not be provided during the same Authorization period as ACTT, Peer Support, or Community Support Team services, SAIOP, SAC, ICF-MR</p> <p>Individuals who are currently funded through the Innovations waiver are not eligible for B-3 funded</p>

	<p>services.</p> <p>Children (ages (16) sixteen or older but under age (21) twenty one) who are residing in a Medicaid funded group residential treatment facility are not eligible for this service.</p>
24	<p>Service Limitations</p> <ul style="list-style-type: none"> <i>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</i> <p>Supported Employment will not be claimed in incentive payments, subsidies, or unrelated vocational training expenses such as the following:</p> <ol style="list-style-type: none"> Incentive payments made to an employer to encourage or subsidize the employer's participation in a Supported Employment program; Payments that are passed through to users of Supported Employment programs; or Payments for vocational training that are not directly related to an individual's Supported Employment program. <p>This service may not be provided to individuals who are actively funded by Vocational Rehabilitation to meet their Support Employment needs under the Rehabilitation Act of 1973, or P.L. 94-142.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <ul style="list-style-type: none"> <i>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</i>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>PBH QM Department will monitor this service for quality and fidelity to the definition through billing audit reviews.</p>
27	<p>LME Additional Explanatory Detail (as needed)</p>